



HCP Care Coordination

FY17 Planning Form - OPPI Agencies >\$15,000

Agency Name: Enter text here.

Form Instructions and Recommendations (MCH):

This form is to be submitted, **along with other OPPI planning forms**, to your Public Health Nurse Consultant **and** HCP Consultant no later than **June 1, 2016**.

kate.lujan@state.co.us or cathy.white@state.co.us and angela.goodger@state.co.us

PURPOSE: *This form is intended to guide the planning and budgeting process for FY17 local HCP Care Coordination services. The HCP Consultant will use the information in this planning form to review and provide feedback on responses, and to identify areas of support agencies may need.*

Prior to filling out this form HCP recommends that you have the following information available for the timeframe of **July 1, 2015 through March 31, 2016**:

- Report 102 from CDS (summarizes agency volume and type of services provided)
- Report 014 from CDS (summarizes information only calls)
- Report 021 from CDS (summarizes social determinants of health data)
- Report 025 from CDS (summarizes client demographics)

It will also be useful to have access to your agency's FY16 planning form.

Please plan for adequate time (at least one hour) to complete this planning tool. You may also need to work with team members in order to incorporate their feedback.

If you have questions or need help completing this form, please contact Angie Goodger at angela.goodger@state.co.us or 303-692-6316.

Person Completing the Planning Form, including title: Enter text here.

Email Address: Enter text here.

Phone Number: Enter text here.

Person Reviewing the Planning Form (if different from above), including title*: Enter text here.

Email Address: Enter text here.

Phone Number: Enter text here.

** please review with your supervisor if completed by team lead.*



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Planning Questions:

Information Only

For the following questions, please refer to CDS report 014.

1. Does your agency enter Information Only calls into CDS? <i>If NO, please answer the following questions to the best of your ability.</i>	YES OR NO
2. What was your FY16 estimate of children/families/community partners who would receive support via Information Only? <i>See FY16 planning form.</i>	
3. As of March 31, 2016, how many children/families/community partners have received support via Information Only for FY16? <i>Enter the total number of Information Only calls.</i>	
4. What percent of your Information Only estimate have you met as of March 31, 2016? FY16 Goal: Agencies will reach at least 90% of target. <i>Goal at 6 months: 50% of target.</i> <i>(actual information only / estimate information only) x100 = %</i>	
5. How much time was spent on Information Only calls as of March 31, 2016? <i>See report 014 under "Time spent on information only process", if your agency enters Information Only calls into CDS. If your agency does not track this information, please skip this question.</i>	
6. If you skipped questions #5 above, please estimate the average amount of time your agency dedicates to Information Only calls. <i>Be sure to indicate hours per <u>week</u>, <u>month</u> or <u>year</u>.</i>	
7. <i>If you answered NO to question #1 above, please let us know why your agency does not enter this information into CDS:</i>	

Enter text here.

8 . For FY17, estimate the number of children/families/community partners who will receive support via Information Only. <i>GOAL: Agencies will reach at least <u>75%</u> of target in FY17.</i>	
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For the following questions, please refer to CDS report 102 and your FY16 planning form.

9. What was your FY16 estimate of children who would be supported with an HCP Care Coordination Action Plan? <i>See FY16 Planning Form</i>	
10. As of March 31, 2016, how many children have been supported with an HCP Care Coordination Action Plan for FY16? <i>See CDS report 102, Column G1.</i>	



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<p>11. What percent of your care coordination target have you met as of March 31, 2016? FY16</p> <p>Goal: Agencies will reach at least 75% of target. <i>Goal at 6 months: 50% of target.</i></p> <p><i>(answer to question #9 above / answer to question #8 above) x100 = %</i></p>	
<p>11 (a). Estimate the amount of time your agency dedicated to HCP Care Coordination for FY16. Be sure to indicate hours per <u>week</u>, <u>month</u> or <u>year</u>.</p>	
<p>11 (b). Is this different from what you anticipated for FY16?</p>	YES OR NO
<p>11 (c). If yes, please describe below:</p> <p><u>Enter text here.</u></p>	
<p>12 (a). What challenges is your agency currently experiencing with respect to providing HCP Care Coordination services?</p> <p><u>Enter text here.</u></p>	
<p>12 (b). How do you plan to address those challenges during the remaining part of FY16 and what changes will be implemented and/or roll over into FY17? <i>(i.e. reaching targets/estimates, staff capacity, identification and implementation of policy/process change, availability of community resources, networking, HCP outreach/education, etc.)</i></p> <p><u>Enter text here.</u></p>	
<p>13. Describe efforts by your team in FY16 to focus families on increased self-sufficiency and achievement of goals.</p> <p><u>Enter text here.</u></p>	
<p>14. List one or two “wins” with respect to your HCP Care Coordination services for FY16.</p> <p><u>Enter text here.</u></p>	
<p>For the following questions, please refer to CDS reports 014, 021 and 025.</p>	
<p>15. Referring to CDS report 014, how will you use this data to improve the quality of HCP services within the county/counties you serve? <i>(i.e. outreach, education, advocating for services/programs, staffing)</i></p> <p><u>Enter text here.</u></p>	
<p>16. Referring to CDS report 021, how will you use this data to improve the quality of HCP services within the county/counties you serve? <i>(i.e. outreach, education, advocating for services/programs, staffing)</i></p>	



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Enter text here.

17. Referring to CDS report 025, how will you use this data to improve the quality of HCP services within your jurisdiction? (i.e. outreach, education, advocating for services/programs, staffing)

Enter text here.

18. What unique characteristics of your jurisdiction need to be considered that are not captured and/or documented within reports 014, 021 and 025? How do these characteristics impact your program implementation for FY17?

Enter text here.

19 (a). Using CDS report 025, what is the average length of service for children/youth enrolled in your HCP Care Coordination program? Complete each bullet below to calculate.

- (Inactive total # of days + Active total # of days) / 2 = Avg # days
- (Avg # of days / 30 days per mo) = avg # months in service
- Avg # months in service / 12 months = avg years in service

19 (b). Has your *average years in service* decreased since last year?

YES OR NO

19 (c). What are the contributing factors to your response to question 19 (b), above?

Enter text here.

In alignment with the HCP Care Coordination Model and based on the responses to the above planning questions, please answer the following for FY17.



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STAFFING: Beginning in FY17, HCP will require a ratio of 1:58 (annual average of 58 per 1 FTE) to be supported with an HCP Care Coordination Action Plan. This FTE can be split across multiple staff, including staff from different disciplines.

RATIONALE: Spending an average of 2.07 hours per month per child in care coordination yields a caseload of 58 children for 1 FTE:

- 1 FTE has approximately 30 hours per week of dedicated HCP time. (This FTE has been adjusted by 10 hours per week for staff meetings, information only calls, community meetings, etc.)
- 1 FTE has approximately 48 working weeks per year (adjusted for an average of 4 weeks PTO per year)
- Ratio Calculation for 1 FTE:

$$\frac{30 \text{ hrs per wk} \times 48 \text{ wk}}{12 \text{ months}} = 120 \text{ hrs per mo}$$

$$\frac{120 \text{ hrs per mo}}{2.07 \text{ hrs per mo per case}} = 58 \text{ cases}$$
- Ratio = 1:58

20. What FTE will be dedicated to HCP Care Coordination in FY17? *Note: this FTE includes administrative time supporting care coordination effort. The time should not include manager oversight or agency level administration.*

<u>Hrs / Week</u>	20	16	12	8	4
<u>FTE</u>	0.5	0.4	0.3	0.2	0.1

21 (a). Is any part of this FTE paid for by other agency funds?

YES OR NO

21 (b) . If yes, what portion? Please describe below.

Enter text here.

22. Calculate your agency's FY17 target* using the following formula:

(answer to question #20 above) x 58 = Number of children with a plan of care

FY17 Goal: Agencies will reach at least 75% of their target.

* The target - defined as the minimum number of children/youth who will be supported with a plan of care** using the HCP model of care coordination.

** Terminology change: Plan of Care replaces Action Plan in FY17



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Technical Assistance & Family Involvement

23. Does your agency need any training or technical assistance related to the provision of HCP Care Coordination services? *State HCP staff will utilize the responses to this question in the development and prioritization of a training and technical assistance plan.*

YES OR NO

If yes, please describe:

Enter text here.

24. How will your agency involve families and/or family leaders in the planning, delivery and evaluation of your agency's HCP care coordination services? *HCP recommends involving families and/or family leaders in HCP care coordination services.*

Enter text here.